

Field Treatment

Note: ①

1. Basic airway
2. Oxygen
3. Advanced airway prn
4. Cardiac monitor/document rhythm and attach EKG rhythm strip
5. Venous access

CLEAR BREATH SOUNDS


6. Shock position
②
7. Fluid challenge
③
6. Consider **dopamine 400mg/500ml NS** IVPB if hemorrhage not suspected.
Start at 30mcgts/minute
① ②

RALES

6. **Dopamine 400mg/500ml NS** IVPB if hemorrhage not suspected.
Start at 30mcgts/minute
① ②

Drug Considerations

Dopamine:

- ① Titrate to systolic BP 90-100 and signs of adequate perfusion or to maximum of 120mcgts/minute.
-  ② Pediatrics: see Color Code Drug Doses/L.A. County Kids

Special Considerations

- ① This guideline includes, but is not limited to, treatment of:
 - ✓ Cardiogenic shock without dysrhythmias
 - ✓ Sepsis
 - ✓ GI bleed
 - ✓ Ectopic pregnancy
 - ✓ 2nd or 3rd trimester hemorrhage
 - ✓ Ruptured aorta
- ② If 2nd or 3rd trimester hemorrhage, left lateral position decreases pressure on the vena cava and enhances maternal blood flow and perfusion.
- ③ Ensure absence of rales.